

**MICHIGAN UPPER PENINSULA
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
PENSION PLAN
130 W. Washington Street, Suite L-9
Marquette, MI 49855
(906) 226-2414 Phone/(906) 226-2221 Fax**

**SUPPLEMENTAL ACCOUNT
VOLUNTARY WITHDRAWAL**

NAME _____

—

ADDRESS _____

—

**SS
NUMBER** _____

**PHONE
NUMBER** _____

I request a Voluntary Withdrawal from my Supplemental Account in the amount of (all/partial) _____. I am aware that the Plan will withhold 20% for payment to the IRS. I also am aware that I might incur an additional penalty of 10% at the end of the tax year. (If the withdrawal is rolled-over to a qualified IRA Plan there will be no Federal Withholding Tax withheld by the Plan.)

I realize that I will be ineligible for another withdrawal for the next five- (5) years.

(Signature of Participant)

(Date)

**FOR MARRIED PARTICIPANTS ONLY
SPOUSAL CONSENT TO WITHDRAWAL**

(As required by law, if you are married at the time of this withdrawal, your spouse must consent to your Voluntary Withdrawal).

I have read the above information, and as the Spouse of the participant named above, I hereby consent, by Notarized Signature, to the above Voluntary Withdrawal.

**PRINTED
NAME** _____

SIGNATURE _____

—

DATE _____

—

(CONTINUED)

SUPPLEMENTAL ACCOUNT
VOLUNTARY WITHDRAWAL
(Continued)

NOTARIZATION

(Note: Notarization is required for the SPOUSE of a married participant, the participant's signature need not be notarized.)

STATE OF _____)

) SS

COUNTY OF _____)

Personally came before me this _____ day of _____, _____ the above named _____ to be known to the person who executed the foregoing Spousal Consent to Withdrawal and acknowledged the same.

NOTARY PUBLIC, STATE OF _____

My Commission _____

(Notaries Seal)

(Notary Signature)

Acknowledged and recorded
on _____

Mich. U.P. IBEW Pension Plan - Authorized Signature